

# PACIFIC YOUTH FOOTBALL LEAGUE

## PLAYER/CHEERLEADER PHYSICAL FORM

Season \_\_\_\_\_

Chapter \_\_\_\_\_

### Section I. PHYSICAL DESCRIPTION & CONDITION – SIGN-UP

Participants Name \_\_\_\_\_

Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In.      Weight: \_\_\_\_\_ Lbs.

Hair: \_\_\_\_\_      Eyes \_\_\_\_\_

### Section II. HEALTH HISTORY

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Other Caregiver \_\_\_\_\_ Phone \_\_\_\_\_

Current Medications \_\_\_\_\_

Preferred Emergency Room \_\_\_\_\_

Hospital \_\_\_\_\_

Current Problems	Yes	No
Asthma		
Kidney Injuries		
Head Injuries		
Shoulder or Hip Injuries		
Heat Stroke		
Diabetes		
Heart Condition		
Other		

### Section III. MEDICAL EXAMINATION

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_ TEMP \_\_\_\_\_

EAR \_\_\_\_\_ EYES \_\_\_\_\_ NOSE \_\_\_\_\_ NOSE \_\_\_\_\_

HEART \_\_\_\_\_ LUNGS \_\_\_\_\_ SKIN \_\_\_\_\_ TEETH \_\_\_\_\_

HERNIA \_\_\_\_\_ ABDOMEN \_\_\_\_\_ EXTREMITIES \_\_\_\_\_ FEET \_\_\_\_\_

**REMARKS:** Please check appropriate block.

While this examination does not constitute a complete Medical Examination, it does on this date, on my observations, meet the requirements for participation in the youth football program.

The individual examined by me on this date is considered "not" physically qualified to participate in this youth football program for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

EXAMINED BY \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_